

**THE “DOLLARS AND CENTS” CASE FOR  
STOPPING THE VIOLENCE COUNSELLING AND OUTREACH PROGRAMS**

We know there is a moral imperative to provide supportive services for women who have experienced violence. There is, however, also an important economic imperative, which is outlined below.

Violence against women is now internationally recognized as a social problem with serious social and health implications for women (WHO, 1997; 2000). There are volumes of research around the globe—from the United Nations, to our own federal government and numerous experts in the field—that document over and over that intervention is needed at the front end. Basically, pay now or pay later.

In the 1980s, governments began to understand that there is a vicious cycle of violence. They recognized that early intervention could save taxpayers billions of dollars, due to links between violence and other social and health-related problems (e.g., drug and alcohol misuse; ongoing physical and mental health issues; increases in crime which, in turn, increase health care and criminal justice system costs related to intervention and response).

Cuts to services create barriers and obstacles for women who are attempting to leave violent situations. The economic costs then increase for government and these increases far exceed any initial savings realized from the original cuts.

Research has clearly demonstrated that it is less expensive to fund counselling programs for survivors of violence than it is to provide costly long-term punishment to perpetrators and fund long-term health care for victims after abuse escalates to a life-threatening level. (Godenzi & Yoanis, 1998)

Women who are not able to escape violent relationships or who face inadequate supports when they leave, suffer a wide range of health, social and economic consequences. The partial annual costs of violence against women in the policy areas of social services/education, criminal justice, labour/employment and health/medical is estimated to be over \$4.2 billion. (Greaves, Hankivsky, & Kingston-Riechers, 1995)

The Ministry of Children and Family Development (MCFD) currently uses a strength-based approach to work with families and protect children. By focusing on keeping children within families and communities (i.e., lower rates of child apprehension and fewer children in the Ministry’s care), the MCFD is not only acknowledging family and community strength, but also reducing costs. Stopping the Violence (STV) Counselling and Outreach Programs assist by providing prevention and intervention support to families.

STV counsellors and outreach workers provide counselling to many women who have experienced domestic and sexual violence throughout their lives, often beginning with physical and/or sexual abuse in childhood. These issues are not quickly or easily resolved. Frontline workers report that, as a result of this history of violence, women often seek STV counselling when they feel that their life skills and/or parenting skills are deteriorating and they need to address the long-term effects of violence on their lives. The services help strengthen women overall and positively impact parenting skills of women who have experienced violence. In this way, STV Counselling and Outreach Programs incorporate prevention and intervention into the cycle of violence, saving taxpayer dollars in the process.

STV Programs also help to reduce the justice system costs related to police, Crown and courts by disrupting the cycle of violence. If women are involved with the criminal justice system; accessing counselling and other support services improves their ability to testify as a witnesses.

In addition to providing counselling to women survivors of sexual assault, historical abuse and women who are currently in abusive relationships, STV Counselling programs provide counselling to women who have recently left abusive relationships. Research shows that 19% of women experience violence after leaving a relationship; for 43% of those women, the violence began or escalated after they left (Canadian Centre for Justice Statistics, 1993). STV counsellors work closely with other support services such as

Transition Houses as well as Community-Based Victim Assistance, STV Outreach and Children Who Witness Abuse Programs to provide intervention and prevention-related counselling for women when they leave an abusive relationship. A complete continuum of services is necessary to prevent and stop the violence.

If we see primary prevention as a change in the social conditions, attitudes and beliefs that allow violence to take place, then it would be fair to say that STV Counselling and Outreach programs are not only providing intervention, but also prevention.

Counselling is a key first step for many survivors of violence in rebuilding their lives and breaking the multi-generational cycle. The STV programs provide essential counselling and other support services for women who have experienced violence, regardless of whether they have stayed in a transition house or reported to the police.

Counselling is necessary for many women to address the long-term effects of violence. It helps them move on from the violence, maintain employment, parent the next generation, overcome the barriers they face in achieving their goals, and recognize and reach their full potential (including, but not limited to, education/training; understanding the role of violence and fear in their lives; healing from physical and sexual abuse; increasing self-esteem; ending eating disorders, depression, suicidal thoughts and attempts; and resolving other mental health concerns). Counselling can help women make strong and healthy choices and more fully participate in society.

STV Counselling and Outreach programs help to reduce health care costs. STV programs are referred a significant number of women who are dealing with mental health issues. Once women are provided with trauma counselling, their mental health improves and other risk factors are reduced.

The Mental Health Plan in BC is designed to address the needs of the chronically mentally ill. The plan was created when federal transfer payments ceased and our province decided to focus its efforts on the chronically mentally ill. The demographics of those suffering from chronic mental illness are mostly male, resulting in women in BC who are living with depression, making suicide attempts, etc. being left out of the plan.

Since the STV programs began, client loads have progressively increased without corresponding increases in funding. In addition to cost-of-living, the costs associated with operating the programs have also increased such as salary, benefits, rent, insurance, etc.

In addition, STV programs have reported an increase in the number of young women (under 19 years) who have experienced violence and are seeking counselling and support services. The STV program mandates focuses on women 19 years and older and younger women who are living an adult lifestyle. The program mandate and funding needs to be expanded to provide service to all young women.

### **Key statistics**

In 1009, women in BC reported the highest rates of violence in Canada, in 2008 BC ranks # 2 in violence against women rates nationally. (Canadian Centre for Justice Statistics):

- 59% of BC women over the age of 18 reported having experienced physical and sexual violence, compared with a national average of 51%.
- 45% of women in BC have been sexually assaulted compared with a national average of 37%.

In 2000, 3,727 charges of sexual assault were laid in BC (Statistics Canada, 2001).

The physical and mental health implications of violence include:

- acute physical injuries,
- unwanted pregnancies and miscarriages (Gielen et al., 2000, Campbell, 2000),
- sexually transmitted diseases, including HIV/AIDs, (Gielen et al., 2000; Martin et al., 1999; Zierler, 1997),
- psychological trauma and poorer mental health (Cascardi, O'Leary, & Schlee, 1999; Herman, 1992; Mouton, Rovi, Furniss, & Lasser, 1999).

The social impacts include:

- poverty (Goldberg & Long, 2001; Raphael, 2000; Weinreb, Goldberg, Bassuk, & Perloff, 1998),
- homelessness (Robertson, 1997),
- lost educational/employment opportunities,
- loss of safety (Jones et al., 1999; Robertson, 1997),
- low self-esteem (Murphy, 1999; Browne, 1997),
- difficulty with future physical contact and/or relationships (Browne, 1997; Harden & Koblinsky, 1999).

Directly or indirectly, these immediate and longer term consequences of violence against women have enormous ramifications for the rest of society in the areas of health, education, social services, labour, policing, courts, crime, housing, public income support, unemployment insurance and income tax (Canadian Panel on Violence Against Women, 1993).